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## BIB DATA SHEET

CONFIRMATION NO. 4704

|  |   |  |   |  |                             |                                 |
|--|---|--|---|--|-----------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/743,347   | <b>FILING or 371(c) DATE</b><br>12/23/2003<br><b>RULE</b>   | <b>CLASS</b><br>257  | <b>GROUP ART UNIT</b><br>2629   | <b>ATTORNEY DOCKET NO.</b><br>12732-200001 /<br>US6869 |                             |                                 |
| <b>APPLICANTS</b><br>Hajime Kimura, Atsugi, JAPAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-380252 12/27/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/26/2004                        |   |  |   |  |                             |                                 |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>NY</u> Examiner's Signature |   | <input checked="" type="checkbox"/> Met after Allowance<br><u>NY</u> | <b>STATE OR COUNTRY</b><br>JAPAN  | <b>SHEETS DRAWINGS</b><br>52                           | <b>TOTAL CLAIMS</b><br>8638 | <b>INDEPENDENT CLAIMS</b><br>73 |
| <b>ADDRESS</b><br>FISH & RICHARDSON P.C.<br>P.O. BOX 1022<br>MINNEAPOLIS, MN 55440-1022<br>UNITED STATES   |   |  |   |  |                             |                                 |
| <b>TITLE</b><br>Semiconductor device and display device utilizing the same   |   |  |   |  |                             |                                 |
| <b>FILING FEE RECEIVED</b><br>2562   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                             |                                 |